

S-E-C-R-E-T

Approved For Release 2006/11/13 : CIA-RDP75-00399R000100140042-6

Classification

REPORTS INVENTORY				CONTROL NO.	
PREPARE IN DUPLICATE				DDS/OTR/OS-8	
1. TITLE OF REPORT (If a fill-in report include Form No.)				2. TYPE OF REPORT	
Evaluation of OTR Training				<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL <input checked="" type="checkbox"/> TRAINING LOGISTICS <input type="checkbox"/> SECURITY MEDICAL <input type="checkbox"/> FINANCE		ADMIN. GENERAL OTHER (specify)	
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)	
5		Annually		1 (DTR) 25X1	
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT	
Memo		<input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO		HR- <input type="text"/> Memo 68-4368, 17 Oct 68, from Ex. Dir-Co	
10. PREPARING COMPONENT (include lowest level contributing information to report)			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)		
C/OS/TR			2 (DC/OS/ST and DC/OS/ALT) memos, same subject		
12. COST FACTORS					
A. MANUAL PREPARATION AND REVIEW COSTS					
GRADE	HOURLY RATE	X HOURS PER REPORT	= COST PER REPORT	X TIMES PREPARED	= COST PER YEAR
GS-15	12.80	4	51.20	1	51.20
GS-16	14.50	2	29.00	1	29.00
GS- 7	4.50	2	9.00	1	9.00
B. COSTS OF COMPUTER PRODUCED REPORTS					
TOTAL COSTS PER YEAR					89.20
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.					
Required by Agency regulations.					
14. FUTURE GOALS					
GOAL PROPOSED BY COMPONENT FOR THIS REPORT				ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE				MAN-HOURS 0	
				DOLLARS 0 STAT	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION			18. EXTENSION
5 October 1970		Chief, Operations School/IR			<input type="text"/>

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